



# GREEK ORTHODOX ARCHDIOCESE OF AMERICA

## DIRECT ARCHDIOCESAN DISTRICT OFFICE OF EDUCATION

8 EAST 79TH STREET, NEW YORK, NY 10075-0106 - TELEPHONE: (212) 570-3552, 3- FAX (212) 774-0248

WEB: WWW.EDUCATION.GOARCH.ORG - E-MAIL: EDUCATION@GOARCH.ORG

## GREEK AFTERNOON/SATURDAY SCHOOL RECORD School Year 2017-2018

<b>SCHOOL NAME:</b> _____		
<b>PARISH:</b> _____		
<b>ADDRESS:</b> _____		
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP CODE:</b> _____
<b>TEL.:</b> _____	<b>FAX:</b> _____	
<b>E-MAIL:</b> _____	<b>WEBSITE:</b> _____	
<b>PRINCIPAL/DIRECTOR:</b> _____		
<b>MOBILE TEL.:</b> _____		
<b>E-MAIL:</b> _____		

### PLEASE, COMPLETE THE FOLLOWING:

#### STUDENT ENROLLMENT

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Nursery               | _____ | <input type="checkbox"/> 4 <sup>th</sup> Grade | _____ |
| <input type="checkbox"/> Pre-K                 | _____ | <input type="checkbox"/> 5 <sup>th</sup> Grade | _____ |
| <input type="checkbox"/> Kindergarten          | _____ | <input type="checkbox"/> 6 <sup>th</sup> Grade | _____ |
| <input type="checkbox"/> 1 <sup>st</sup> Grade | _____ | <input type="checkbox"/> 7 <sup>th</sup> Grade | _____ |
| <input type="checkbox"/> 2 <sup>nd</sup> Grade | _____ | <input type="checkbox"/> 8 <sup>th</sup> Grade | _____ |
| <input type="checkbox"/> 3 <sup>rd</sup> Grade | _____ |  |       |

**Total:** \_\_\_\_\_

Please check:

- Adult Classes \_\_\_\_\_

→  
(over)

**WEEKLY SCHEDULE OF CLASSES:**

<u>Day(s)</u>	<u>Grades</u>	<u>Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

**ANNUAL TUITION PER STUDENT:**

(1<sup>st</sup> child) \$ \_\_\_\_\_ (2<sup>nd</sup> child) \$ \_\_\_\_\_ (3<sup>rd</sup> child) \$ \_\_\_\_\_

**GREEK TEACHERS:**

<u>Name</u>	<u>Degree(s)</u>	<u>Weekly Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Please, attach a separate sheet for additional teachers.)*

**Teachers Appointed by the Greek Government**

<u>Name</u>	<u>Degree(s)</u>	<u>Weekly Hours</u>
_____	_____	_____
_____	_____	_____

**GREEK TEXTBOOKS USED:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Kindly, return this original form using the enclosed envelope to: Direct Archdiocesan District Office of Education, 8 East 79<sup>th</sup> Street, New York, NY 10075**